

ATTENDANCE WAIVER FOR AIDS PREVENTION EDUCATION

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No student shall be required to participate in AIDS prevention education if a parent or guardian of the student objects in writing to such participation.

I do not wish _____
Student's Name

a student at _____
Name of School

to participate in AIDS prevention education.

Parent's or Guardian's Signature *Date*

(This form should be returned to the office of the principal of the school the student attends.)